

ERIE COUNTY DEPARTMENT OF HEALTH PERMIT APPLICATION

FOR INFORMATION CALL (716) 961-6800

AGENCY USE ONLY

Permit Number	508 Type	Sub-Type	CT	District	Permit Date	Exp. Date

This application is not a permit.

**Operation of a regulated facility without a valid permit is a violation of the Sanitary Code.
This application must be submitted at least 21 days before the start of operation or prior to
the expiration date of the existing permit.**

Owner is to complete only new or revised data. **PLEASE PRINT.**

Facility Name: _____

Facility Address: _____

Facility City, Town, Village: _____

Facility Phone: _____

City, Town, or Village where facility is located if different from mailing address: _____

Operator Name (Corporation must use Corporate Name): _____

Operator Address: _____

Operator Phone: _____

Corporation President, Operator or person responsible for operation: _____

Business E-Mail Address: _____

Facilities included in this Application:

APPLICATION CONTINUED ON OTHER SIDE

Your listed billing address is: _____

TOTAL FEE DUE:

(See current Erie County Health Dept. Fee Schedule)

Mark "X" under day(s) operating

M	T	W	TH	F	SAT	SUN

Indicate normal hours of operation

Open	Close
am/pm	am/pm

If this application is approved, the undersigned applicant hereby agrees to operate the facility described on the other side in complete compliance to the New York State Sanitary Code and any other rules, codes, regulation applicable to its operation. Applicant also acknowledges that worker's compensation and disability are in force as required.

Send completed application and fee to:

Erie County Department of Health
503 Kensington Avenue
Buffalo, N.Y. 14214

Date _____ Signature of Operator _____

Title _____

**PLEASE MAKE CHECK PAYABLE TO THE
"COMMISSIONER OF FINANCE"**

The current fee schedule is available at the Erie County Health Department web page at:

www.erie.gov/health/offices/environmental_health.asp

Please contact the Health Department at (716) 961-6800 if you have any questions.

ATTENTION FOOD SERVICE ESTABLISHMENT OWNER/OPERATOR/MANAGER:

When handling, preparing, and serving ready-to-eat foods, **ALL** food service workers must use disposable gloves, utensils, deli wraps or an equivalent barrier to prevent bare hand contact with the food item.

Ready-to-eat food items include foods that will not be subsequently cooked (or reheated) before service to the consumer.

Failure to ensure that food service workers at your facility comply with this requirement can result in an enforcement action and fines against the permit holder.

Worker's Compensation and Disability Insurance Information

Proof of insurance is required for permit issuance

§57 and §220[8] of NYS Worker's Compensation Law require State and municipal entities, prior to issuing permits or licenses, to ensure that businesses applying for those permits or licenses have appropriate Worker's Compensation and Disability Benefits Insurance coverage.

Workers' Compensation: Check Below and Submit Certificate with Application

- ☐ Form C-105.2 – Certificate of Worker's Compensation Insurance (issued by the applicant's insurance carrier); **OR**
- ☐ Form U-26.3 – Certificate of Workers' Compensation Insurance (issued by the State Insurance Fund); **OR**
- ☐ Form SI-12 – Certificate of Workers' Compensation Self-Insurance, **OR**
- ☐ GSI – 105.2 – Certificate of Participation in Workers' Compensation Group Self-Insurance

AND

Disability Benefits: Check and Submit Certificate with Application

- ☐ DB-120.1 - Certificate of Disability Benefits (issued by the applicant's insurance carrier); **OR**
- ☐ Form DB-155 – Certificate of Disability Benefits Self-Insurance

When WC/DB coverage IS NOT provided: Check and Submit Form CE-200 with Application

- ☐ Form CE-200 – Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage (Must be submitted with Application if WC/DB coverage is Not provided)

Note: Form CE-200 can be filled out electronically on the Board's website, www.wcb.state.ny.us, under the heading "Forms." Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any District Office of the Workers' Compensation Board (nearest office listed below). Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract.

QUESTIONS ON WORKER'S COMPENSATION/DISABILITY BENEFITS INSURANCE COVERAGE REQUIREMENTS OR FORMS SHOULD BE DIRECTED TO:

(518) 462-8880, or toll-free (877) 632-4996
or Visit www.WCB.NY.gov
or e-mail: Certificates@wcb.state.ny.us

or contact:

Worker's Compensation Board District Office
Ellicott Square Building
295 Main Street, Suite 400
Buffalo, NY 14203

PHONE – (866) 211-0645, (716) 842-2051
FAX – (716) 842-2054
HOURS – 8:30 AM to 4:30 PM